

17 (15)

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET

SERIAL NO.

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT										
	IND	DEP	IND	DEP	IND	DEP		IND	DEP	IND	DEP	IND	DEP	IND	DEP
1	1								51						
2		1							52						
3		1							53						
4		1							54						
5		1							55						
6		1							56						
7		2							57						
8		2							58						
9		2							59						
10		2							60						
11		2							61						
12		1							62						
13		3							63						
14		3							64						
15		3							65						
16		3							66						
17		3							67						
18		3							68						
19	1								69						
20		1							70						
21	1	12							71						
22		2							72						
23		2							73						
24		2							74						
25		2							75						
26		2							76						
27		2							77						
28		4							78						
29		4							79						
30		4							80						
31		4							81						
32	1								82						
33		1							83						
34		1							84						
35		1							85						
36		1							86						
37		1							87						
38		1							88						
39		3							89						
40		3							90						
41		3							91						
42		3							92						
43	1								93						
44		1							94						
45		1							95						
46		1							96						
47		1							97						
48									98						
49									99						
50									100						
TOTAL IND.	4								TOTAL IND.						
TOTAL DEP.	87								TOTAL DEP.						
TOTAL CLAIMS	91								TOTAL CLAIMS						

*MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS

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MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (For use with Form PTO/SB/06)							Application Number		Filing Date			
							Applicant(s) Wen C. Huang					
							* May be used for additional claims or amendments					
CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT		*		*		*	
	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend
1	X						51					
2		X					52					
3		X					53					
4		X					54					
5		X					55					
6		X					56					
7		X					57					
8		X					58					
9		X					59					
10		X					60					
11		X					61					
12		X					62					
13		X					63					
14		X					64					
15		X					65					
16		X					66					
17		X					67					
18		X					68					
19	X						69					
20		X					70					
21		X					71					
22		X					72					
23		X					73					
24		X					74					
25		X					75					
26		X					76					
27		X					77					
28		X					78					
29		X					79					
30		X					80					
31		X					81					
32	X						82					
33		X					83					
34		X					84					
35		X					85					
36		X					86					
37		X					87					
38		X					88					
39		X					89					
40		X					90					
41		X					91					
42		X					92					
43	X						93					
44		X					94					
45		X					95					
46		X					96					
47		X					97					
48							98					
49							99					
50							100					
Total Indep	4						Total Indep					
Total Depend	43						Total Depend					
Total Claims	47						Total Claims					

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